U S Department of Labor
Office of Labor-Management
Standards
Washington DC 20210

FORM LM-30
LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30-2006

This report is mandatory under P L. 86-257 as amended Failure to comply may result in criminal prosecution fines, or civil penalties as provided by 29 U S C 439 or 440

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U- 10554

2 Fiscal Year Covered From 1 / 1 / 2005 Through 12 / 31 / 2005

3 Name and address of person filing

Name Tamar [illegible]

P O Box Bldg Room No if any

Street 318 45th Street

City Oakland

State California ZIP Code + 4 94609-2226

4 Name file number and address of labor organization

Name California State Council of SEIU

Labor Organization File Number 016-658

P O Box Building and Room Number if any 4th Floor

Street 1007 7th Street

City Sacramento

State California ZIP Code + 4 95814-3407

5 Position in labor organization Political Field Coordinator

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transaction (including loans) with or derived income or other economic benefit of monetary value **from an employer whose employees your organization represents** or is actively seeking to represent.

6 Name and address of Employer (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

7 a Nature of Interest Transaction or Income

7 b Amount.

Signature

13. [illegible] The undersigned declares, under penalty of Perjury and other applicable penalties of the law that all of the information [illegible] contained in any accompanying documents) has been examined by the signatory and is to the best of the [illegible] true, correct, and complete. (See the section on penalties in the instructions)

Signed [signature] On 3/28/2006 Date 510-568 2500 ext 118 Telephone Number

Name of Person Filing Tamar Schnepp	File Number U

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8. Name and address of Business (including trade name if any).

Name: New Union Work Systems

Trade Name, if any:

P O Box Bldg, Room No if any:

Street: [illegible]

City: Albany

State: California ZIP Code + 4: 94706

9 Business deals with

- [X] a Labor Organization
- [ ] b Trust
- [ ] c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name:

Trade Name if any:

P O Box Bldg Room No if any:

Street:

City:

State: ZIP Code + 4:

11 a Nature of such dealing

New Union Work Systems is a company that provides some consulting services providing data base support and the like to the CA State Council of SEIU The total amount billed for 2005 is disclosed below

11 b Approximate dollar value of such dealing: $2 660

12 a Nature of interest held or income received

My husband Matthew Burry is a joint partner in New Union Work Systems To the degree that these dealings were profitable some portion became part of my husbands salary and distribution and therefore his contribution to our household

12 b Amount: $800

C **Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name:

Trade Name, if any:

P O Box, Bldg, Room No., if any:

Street:

City:

State: ZIP Code + 4:

14 a Nature of payment

13 b Is the business an Employer [ ] or Consultant [ ] ?

14 b Amount of payment

Form LM-30 (2/93)